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Tanzania

The following provides a summary of specific guidelines from the country's national guidance strategy. Use the jump links in yellow to access details on criteria for starting PEP, evaluation of risk, recommended prophylaxis, and follow-up screening recommendations by patient population. This summary can be downloaded or e-mailed to yourself or a colleague. The original country guidance document can also be downloaded.

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- [Occupational Exposure](#)
- [Sexual Exposure](#)
-  [National Guidelines for the Management of HIV and AIDS - Tanzania \(PDF / 4 MB\)](#)

Occupational Exposure

Year Issued:

2014

Criteria for Starting PEP:

Recommended regimens following percutaneous HIV exposure.

Exposure Type: Less severe (e. g. solid needle and superficial injury)

- Source HIV Positive Class 1+: Recommend basic 2-drug PEP.
- Source HIV Positive Class 2+: Recommend expanded 3-drug PEP.
- Source of unknown HIV status: Generally, no PEP warranted; however consider basic 2- drug PEP** or source with HIV risk factors.
- Unknown source: Generally, no PEP warranted; however consider basic 2-drug PEP** in setting where exposure to HIV infected persons is likely.
- Source HIV negative: No PEP warranted.

Exposure Type: Large volume

This exposure type is more severe (e. g. large-bore hollow needle, deep puncture, visible blood on device, or needle used in patient's artery or vein.)

- Source HIV Positive Class 1+: Recommend expanded 3-drug PEP.
- Source HIV Positive Class 2+: Recommend expanded 3-drug PEP.
- Source of unknown HIV status: Generally, no PEP warranted; however, consider basic 2-drug PEP** for source with HIV risk factors.
- Unknown source: Generally, no PEP warranted; however, consider basic 2- drug PEP** in setting where exposure to HIV-infected persons is likely.
- Source HIV negative: No PEP warranted.

*** The designation 'consider PEP' indicates that PEP is optional and should be based on an individualized decision between the exposed person and the treating clinician. If PEP is offered and taken and the source is later determined to be HIV- negative, PEP should be discontinued.*

Exposure Type: Small volume (i.e. a few drops)

The following are recommended regimens following mucous membrane or non-intact skin exposure:

- Class 1 – asymptomatic HIV infection or known low viral load (i.e. <1,500 RNA copies /mL).
- Class 2 – symptomatic HIV infection, AIDS, acute sero-conversion, or known high viral load.
- HIV Positive Class 1+: Consider basic 2-drug PEP.
- HIV Positive Class 2+: Recommend basic 2-drug PEP.
- Source of unknown HIV status: Generally, no PEP warranted however, consider basis 2- drug PEP** for source with HIV risk factors.
- Unknown source: Generally, no PEP warranted; however, consider basic 2-drug PEP** in setting where exposure to HIV infected persons is likely.
- HIV negative: No PEP warranted.

Exposure Type: Large volume (i.e. major blood splash)

- HIV Positive Class 1+: Recommend basic 2-drug PEP.
- HIV Positive Class 2+: Recommend expanded 3-drug PEP.
- Source of unknown HIV status: Generally, no PEP warranted however, consider basis 2- drug PEP** or source with HIV risk factors.
- Unknown source: Generally, no PEP warranted; however, consider basic 2-drug PEP** in setting where exposure to HIV infected persons is likely.
- HIV negative: No PEP warranted.

Evaluation of Risk:

Depending on the sero-status of the source person, the following criteria can be used to determine the risk of exposure:

- Percutaneous injury
- Mucus membrane exposure
- Non intact skin exposure
- Bites resulting to blood exposure to either person involved

Risk of transmission after occupational exposure:

HIV - Mode of Exposure: Percutaneous Risk of Infection/Exposure : 0.3%

HIV - Mode of Exposure: Mucous membrane Risk of Infection/Exposure: 0.03 - 0.09 %

Recommended Prophylaxis:

PEP should be initiated as soon as possible, preferably within 2 hours after exposure. Studies suggest that PEP may be substantially less effective if started more than 24-36 hours post-exposure and not effective after 72 hours.

Low risk: Dual therapy (two drugs): ZDV + 3TC

High risk: Triple therapy (three drugs): ZDV+3TC+EFV or Lopinavir/r

Prophylaxis should be continued for four weeks if tolerated. If ARV prophylaxis fails and the exposed

person becomes HIV infected, he/she should be referred to a CTC for proper HIV care and management.

Follow-up Screening Recommendations:

HIV antibody tests should be performed for at least 6 months post-exposure (i.e. at 6 weeks, 12 weeks and 6 months). HIV testing should also be performed for any exposed person who has an illness that is compatible with an acute retroviral syndrome, irrespective of the interval since exposure.

If PEP is administered, the exposed person should be monitored for drug toxicity by testing at baseline and 2 weeks after starting PEP. Minimally, it should include a full blood picture (FBP), renal function test (RFT) and hepatic function tests (LFTs).

In Accordance with WHO 2014 PEP Recommendations?:

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Sexual Exposure

Year Issued:

2014

Criteria for Starting PEP:

Sexual exposure comprises an act of unprotected voluntary or forced sexual intercourse (rape/sexual assault), as well as in the case of slipped or broken condom during sex with discordant partner.

The decision to begin PEP should not be based on the likelihood that the perpetrator is infected or delayed pending the test results of the exposure source (unless immediately available). Rather, it should be based on the perpetrator's transmission risk behavior and the presence of other sexually transmitted diseases, particularly genital ulcers, which can facilitate HIV transmission.

Evaluation of Risk:

When deciding whether to offer PEP or not, consider that risk of transmission following sexual exposure is high if any of the following factors were present:

- Blood
- Survivor or assailant with a sexually transmitted disease with inflammation such as gonorrhoea, chlamydia, herpes, syphilis, bacterial vaginosis, trichomoniasis, etc.
- Multiple assailants or multiple penetrations by assailant(s)
- Ejaculation by assailant
- Anal penetration
- Obvious trauma to the genital area
- The assailant(s) is HIV positive.

Recommended Prophylaxis:

AZT +3TC for 4 weeks

A third drug, EFV or Lopinavir/r, should be added if:

- There have been multiple perpetrators
- Anal penetration occurred
- There is obvious trauma to the genital areas
- One of the perpetrators is known to be HIV positive

Follow-up Screening Recommendations:

Three months after the PEP period, the individual should return for a confirmatory set of HIV tests to determine whether the treatment was effective. If treatment was not effective and the individual became infected, s/he should be enrolled in the care program at the CTC and monitored appropriately as all HIV positive individuals.

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